

Certification of Training

**This form must accompany each application for apprentice, security or commissioned officer status.
This also applies to any upgrade in status. See hour requirements below.
Must be signed by license holder.**

_____ will complete the necessary hours of training and complies with the state's
Name of applicant (Please Print)

requirements for training. I verify that this applicant has _____ hours training as is required by statute/rule.
(Attach Proof)

Signature of Registered Training Officer

Signature of License Holder

Date

Date

Apprentice	16 hours field service training and 16 hours classroom instruction
Security	1000 hours field service training and 32 hours classroom instruction
Commissioned	4000 hours field service training and 80 hours classroom instruction

***If requesting equivalency hours, complete questions 1-7 below and
attach necessary documentation of hours, credits, or experience verifying equivalency.***

Post-Secondary Education and Equivalent Experience

Post-Secondary Education			
1. Post-Secondary Education: (Attach all Educational Transcripts) <input type="checkbox"/> University <input type="checkbox"/> Graduate School <input type="checkbox"/> Technical/Vocational <input type="checkbox"/> Other (Please identify)			
2. Name, City, State, & Zip of Education Institution:	Dates Attended: Beginning: _____ Ending: _____	Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No Degree: _____	
3. Name, City, State, & Zip of Additional Educational Institution:	Dates Attended: Beginning: _____ Ending: _____	Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No Degree: _____	
4. Other Training (Please Specify)	Dates Attended: Beginning: _____ Ending: _____	Credit Received? <input type="checkbox"/> Yes <input type="checkbox"/> No Attach documentation verifying training.	
Prior Private Security, Private Investigative or Law Enforcement Experience			
5. Agency: (City/State/Zip)	Dates: _____	Position: _____	Hours Worked: Attach verification from prior employer.
6. Agency: (City/State/Zip)	Dates: _____	Position: _____	Hours Worked: Attach verification from prior employer.
Military/Federal Service			
7. Branch: (Last Station, City, State, Zip)	Dates: _____	Highest Rank: _____	Honorable Discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No Attach Discharge Papers